

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	15/10/2018 12:26
Date Of Accident	13/10/2018 22:00
Exact Location Of Accident	BAYFRONT AVE TWDS TEMASEK AVE INFRONT OF MBS MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2151Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HU JIE
NRIC No	S8069075D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81868962
Alternative Phone No	OTHERS-81868962

### Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1635914
Cover Note Number	

### Driver

Name of Driver	LEE YONG YEOW
NRIC No	S1284614B
Date Of Birth	04/05/1958
Occupation	INDOOR
Date Of Driving Pass	15/11/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96688469
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 WEST COAST CRESCENT #01-04
Postcode	128044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : HU JIE GENDER: : FEMALE
Passenger 2	NAME: : BELLA LEE SI LOK GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACHED POLCE REPORT NO.T/20181014/2026.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8475A
Vehicle Make/Model/Colour	HYUNDAI I40 (BLUE)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

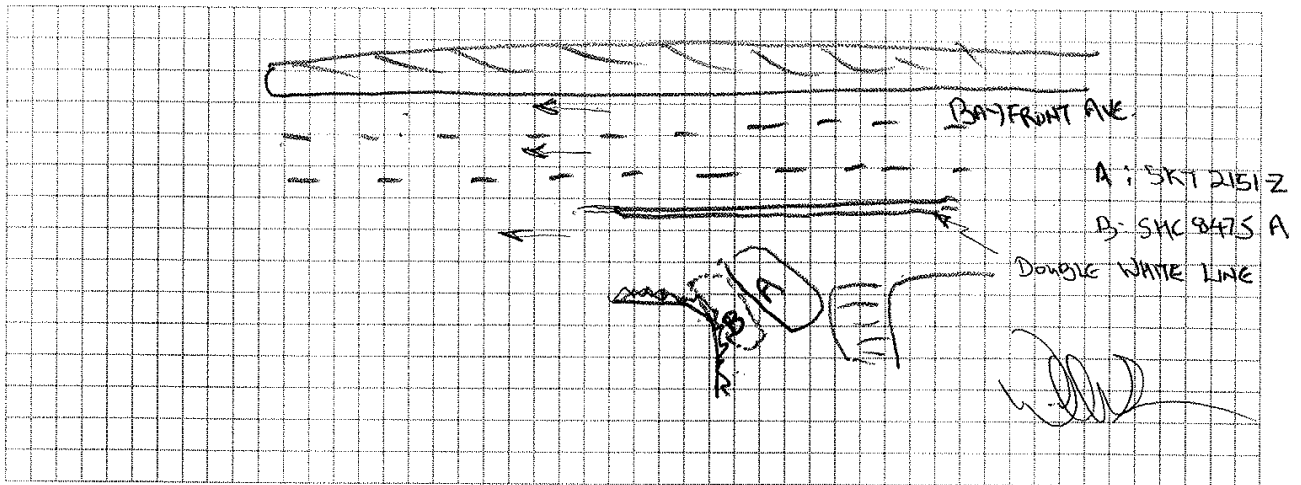
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

15/10/18  
11:55 hrs


## Sketch Plan Pg. 2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

SEE POLICE REPORT ATTACHED  
I WANT TO ADD THAT THE TAXI SWEEZE IT CAR ON MY LEFT  
SIDE AND WAS ON TOP OF THE DOUBLE JAZEL LINES AT THE  
EDGE OF THE ROAD AS SHOWN IN ONE OF THE PHOTOS TAKEN  
ON THE NIGHT OF THE ACCIDENT.



<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy ( <b>OD CLAIM</b> ), <b>There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE</b> within the stipulated time frame from the day of the occurrence.	✓	- Reporting Only
		- Claim OD
		- Claim TP
		- <b>Claim OD/ TP at other workshop</b>

## DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time

Date & Time 15/10/18  
11:55 hrs

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



**SINGAPORE  
POLICE FORCE**



T/20181014/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20181014/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2018 11:09	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEE YONG YEOW			Address: 16 WEST COAST CRESCENT #01-04 SINGAPORE 128044	
ID Type / ID No.: NRIC NO / S1284614B			Contact No.: Home/Office: Mobile: 96688469	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 04/05/1958	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE  Towards Temasek Avenue Infront of Marina Bay Sands Mall				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8475A	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SKT2151Z	Car	BMW	523I	Blue	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20181014/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20181014/2026

**CONTINUATION OF REPORT**

**Brief Details.**

On the 13.10.2018 at about 2200hrs, I was driving my car bearing the said registration plate number, heading back home together with my family members. I was driving along a single lane slip road exiting Marina Bay Square Mall from the carpark. I was then heading into Bayfront Avenue at the point of time.

I then checked my blind spots and made sure there was no incoming cars before I entered Bayfront Avenue. However when I was in the midst of entering, one taxi bearing the said registration plate number squeezed into my lane from my left side, attempting to enter Bayfront Avenue as well.

Due to the squeezing, his taxi had side swiped into my car and we then got down to make sure everything was alright. No one was injured however the taxi driver was not willing to give me his particulars. I placed my particulars on his bonnet and told him to place his particulars there and take a photo however he refused to do so. I then took down his registration plate number and left the place.

This is the first time such incident happened to me and I wish to state that I had asked him several times for his particulars however he refused to do so. We then decided to lodge a police report on our ends.



**SINGAPORE  
POLICE FORCE**



T/20181014/2026

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20181014/2026

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
D /  
Staff Sgt CLEMENT CHEE WEI JUN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/10/2018 11:09

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp  
NP 183 SINGAPORE  
POLICE FORCE  
SN 37  
SIGNATURE



Sketch Plan Pg. 6



redefining / insurance

Date: 15/10/2018

To: Owner of Vehicle Number: SKT2151Z

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ (✓) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ (✓) You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ (✓) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ ( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ ( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ ( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ ( ) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ ( ) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ ( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ ( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ ( ) Others \_\_\_\_\_

Signed and acknowledge by:

LEE YONG YEW

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Annex D

**NOTICE OF REPORTING**

This is to confirm that Lee Yong Yeow, NRIC/FIN S1284614B, has reported to the Police a non-injury traffic accident which occurred at Along Bayfront Avenue towards Temasek Avenue in front of Marina Bay Sands Mall on 13/10/2018 at 2200hrs involving the following vehicles:

V1: SKT2151Z (Lee Yong Yeow)

V2: SHC8475A

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Khairul

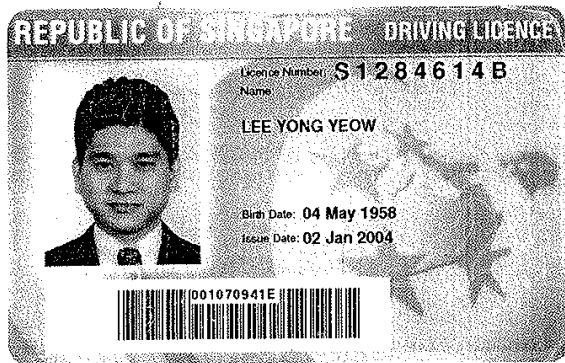
Date: 13/10/2018 Time: 2330hrs

S/D Ref: -

Police Post/Unit : Clementi NPC

Clementi NPC  
20 Clementi Ave 5  
S (129858)  
Tel: 68729999  
Fax: 68729999

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1284614B**



Name

**LEE YONG YEOW**

**李 榮 耀**

Race

**CHINESE**

Date of birth

**04-05-1958**

Sex

**M**

Country/Place of birth

**SINGAPORE**

**S1284614B**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

**15 Nov 1978**

**5934005**



NRIC No. **S1284614B**



Date of issue

**10-05-2018**

Address

**16 WEST COAST CRESCENT  
#01-04  
SINGAPORE 128044**



Licence No: **S1284614B**

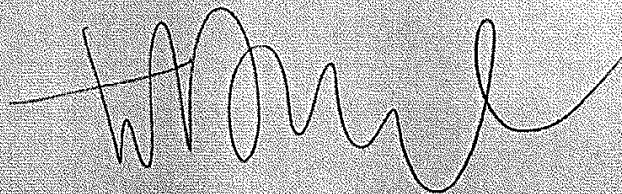
NP 428A

## AUTHORIZATION LETTER

I, (Owner Name) HU JIE I/C No. S8069075D,  
owner of this car No. SKT 2151Z authorize the  
driver (Driver Name) LEE YONG YEOW I/C NO.  
S1284614B to file a report on the accident  
which happened on (Accident Date) 13<sup>th</sup> Oct,  
2018 at (location) BAYFRONT AVENUE.

Owner's Name: HU JIE

Signature:

A handwritten signature in black ink, appearing to be 'HU JIE', written over a horizontal line.

**AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M

**Original**Agent Code: **11615**Policy No. (if any): **P1635914****Renewal**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **CN857829**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.


**SCHEDULE**

THE COMPANY	<b>AXA INSURANCE PTE LTD</b>
INSURED	<b>HU JIE</b>
MAKE AND DESCRIPTION OF VEHICLE	<b>BMW 523 I 2.5 AT ABS D/AB 2WD</b>
VEHICLE REGISTRATION NO.	<b>SKT2151Z</b>
YEAR OF MANUFACTURE	<b>2010</b>
ENGINE NO.	<b>03707403N52B25AF</b>
CHASSIS NO.	<b>WBAFP32010C544135</b>
ENGINE CAPACITY/TONNAGE	<b>2497</b>
COVER TYPE	<b>COMPREHENSIVE</b>
HIRE PURCHASE	<b>UNITED OVERSEAS BANK LIMITED</b>
VALUE (S\$)	<b>AS PER MARKET VALUE</b>
PERIOD OF INSURANCE	<b>FROM: 21/11/2017 TO: 20/11/2018</b>
EXCESS (S\$)	<b>AS PER POLICY</b>
<b>AXA PREMIUM WORKSHOP?</b>	<b>NO</b>

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**AXA INSURANCE PTE LTD**

Issued by **LEO MARK ESTORES** on **07/11/2017 12:24pm**  
**MANALO**

  
 Authorised Signature

**Note :** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

**PREMIUM WARRANTY****For Individual Customers:**

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

**For Non-Individual Customers:**

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo









Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

